

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>18-FEB-2017</b>		TIME <b>21:01:00</b>		2. ADDRESS OF OCCURRENCE <b>425 E 63RD ST CHICAGO, IL 60637</b>		3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0312</b>		5. VIDEO RECORDING INCIDENT <input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO							
MEMBER INVOLVED	6. POSITION <b>9161</b>		7. LAST NAME <b>ANGEL</b>		8. FIRST NAME <b>SAMUEL</b>		9. STAR NO. <b>16501</b>		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE <b>WWH</b>		12. AGE <b>507</b>		13. HT <b>220</b>		
	15. DATE OF APPT. <b>27-MAY-2014</b>		16. EMPLOYEE NO. <b>[REDACTED]</b>		17. UNIT & BEAT OF ASSIGNMENT <b>003 0306B</b>		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
	21. LAST NAME <b>WHITE</b>		22. FIRST NAME <b>LEE</b>		23. M.I. <b>WARRE</b>		24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		25. RACE <b>BLK</b>		26. DOB <b>05-AUG-1973</b>		27. HT <b>509</b>		28. WT <b>168</b>		
SUBJECT INFORMATION	29. ADDRESS <b>6316 S ST LAWRENCE AVE CHICAGO, IL 60637</b>				30. TELEPHONE NO		31. WAS SUBJECT ARMED? HANDS/FISTS, VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input checked="" type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				35. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>JACKSON PARK HOSPITAL FOUNDATION</b>												
	36. BY WHOM? <b>DR. MUHAMMAD</b>				37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid												
38. CHARGES PLACED										<input type="checkbox"/> DNA		39. CB NO <b>19439768</b>		IR NO.		<input type="checkbox"/> DNA	
REASON FOR USE OF FORCE (Check all that apply)	40. PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE								
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (OEAO WEIGHT) <input checked="" type="checkbox"/> OTHER <u>WALKING AWAY</u>		FLEO <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER <u>SWINGING ARMS VIOLEN</u> PERCEIVED AS _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON _____ OTHER _____ PERCEIVED AS _____								
	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LRAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HANO STRIKE <input type="checkbox"/> TAKE DOWN/EMERGENCY HANOCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> KNEE STRIKE <input type="checkbox"/> CLOSED HANO STRIKE/PUNCH <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____										
WEAPON DISCHARGE INCIDENT	41. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				RANK		STAR NO		UNIT NO		42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR OETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member										
	46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS <b>CLEAR</b>								
54. TASER PART IO NO.		55. WEAPON SERIAL No. (Include Letters)		56. CHICAGO GUN REG. NO		57. IL FIREARM OWNER IO. NO		58. HANOGUN CERTIFICATE NO									
59. SPECIAL WEAPON CERTIFICATE NO		60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		63. TOTAL NO. OF SHOTS MEMBER FIRED									
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		67. HOW WAS MEMBER'S HANOGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70. DID MEMBER USE WEAPON? <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO									
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		72. DISTANCE BETWEEN INVOLVED MEMBER AND OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION									
74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING <input type="checkbox"/> 03 KNEELING <input type="checkbox"/> 04 OTHER (Specify)		75. EVENT NO <b>1704915358</b>		76. RD. NO. <b>JA159008</b>													

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ ONA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was transported to Jackson Park Hospital and signed in for an involuntary admission. At the time of this report R/Lt had information that the subject was sedated at JPH.

### 82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

R/Lt was advised this subject became irate and when dealing with the listed officers regarding an ANOV. It was further learned the subject was a consumer of mental health [REDACTED]. The subject was transported to Jackson Park Hospital for involuntary admission. R/LT did not have any contact with the subject.

Based on the information available at the time of this report, the R/Lt. feels that the officer acted in accordance with existing department policy and directives. No known video available at this time.

### 83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05

### 84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☐ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED

☐ LOG NO. \_\_\_\_\_ OBTAINED

### 85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

OCONNOR, DANIEL J

### 86.

TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

### 87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

### SIGNATURE

[REDACTED]

### DATE COMPLETED TIME

18-FEB-2017 23:57:51